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NEW YORK, N.Y. 10112

JUL 23 1984

TELEPHONE 212 408-2500
TELECOPIER 212 408-2674
FACSIMILE 212 765-2519
CABLE CAMBRUFREE
TELEX 238555

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FAV

6-28-84 GROUP 120

Our File No. 25995

Date May 8, 1984

#181/2
R. Thoms
9-30-87

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : A.E. BRANDSTROM

Serial No. : 586,107

Examiner :

Filed : March 5, 1984

Group Art Unit : 121

For : NOVEL COMPOUNDS

The Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

1. () Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
2. () A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
3. () No additional fee is required.

Our File No. 25995

The fee has been calculated as shown below:

| | Claims remaining after amendmt. (Col. 1) | | Highest No. prev. paid for (Col. 2) | | Present extra (Col. 3) | SMALL ENTITY | | or | OTHER THAN A SMALL ENTITY | |
|--|--|-------|--|---|------------------------------|--------------|------|----|------------------------------|---------|
| | | | | | | RATE | FEE | | RATE | FEE |
| Total | * 23 | Minus | ** 20 | = | 3 | x5 | = \$ | or | x10 | = \$ 30 |
| Ind. | * 2 | Minus | *** 3 | = | 0 | x15 | = | or | x30 | = |
| () First Presentation of Multiple Dependent Claim | | | | | | +50 | = | or | +100 | = |
| TOTAL ADDITIONAL FEE = \$ | | | | | | | | or | TOTAL = \$ 30 | |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. prev. paid for" in this space is less than 20, write "20" in this space.

*** If the "Highest No. prev. paid for" in this space is less than 3, write "3" in this space.

4. () An Extension of Time to respond to the rejection dated _____ is requested in the attached amendment.
The required fee, indicated below, is enclosed herewith.

Extension for response (check only one):

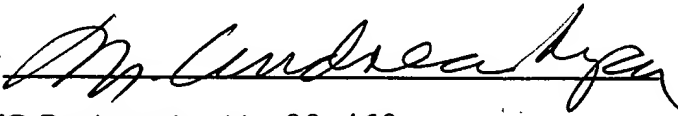
| | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|---------------------|--------------|-------|------------------------------|-------|
| Within first month | () | \$ 25 | () | \$ 50 |
| Within second month | () | 75 | () | 150 |
| Within third month | () | 175 | () | 350 |
| Within fourth month | () | 275 | () | 550 |

5. () Please charge our Deposit Account No. 02-4377 in the amount of \$ _____. Two copies of this sheet are enclosed.

Our File No. 25995

6. () A check in the amount of \$ 30.00 is attached.
7. (x) The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-4377. Two copies of this sheet are enclosed.
- () Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- () Any patent application processing fees under 37 CFR 1.17.

BRUMBAUGH, GRAVES, DONOHUE & RAYMOND

By 
PTO Registration No. 28,469